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## THE PRIVATE DUTY NURSE<sup>1</sup>

By NELLIE G. MILLER, R.N.

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If, when a baby girl is born into the world, the fairies who preside at her birth endow her with a bump which indicates a fine sense of humor and another which promises a well developed maternal instinct, she will be well equipped to become a true private duty nurse. The other thousand and one qualifications can be acquired; these two must be well rooted and grounded, the foundation upon which the superstructure of her profession must be built. Why do I give these qualifications precedence? Because the maternal instinct, the mother part of every woman, is the feeling which constitutes the true spirit of nursing, the feeling which draws a line between the mechanical nurse and the one whose work is a part of herself, the indescribable something about a nurse which makes patients say, "I can easily see that you love your work." It is the feeling that gives the real heart-interest.

Do not mistake my meaning when I place a sense of humor high in the list of a nurse's qualifications. By a sense of humor, I do not mean a tendency to make light of serious situations, but the ability to see and experience in the most impossible and difficult conditions something that relaxes the tension, saves nervous strain and energy and sometimes (almost) the reason, making the oft-times stale cup of a nurse's existence, effervesce and, for the moment at least, throw off rainbow colors, the reflection of which may be imparted to the patient. Without this quality the nurse sees only the grave, serious, sober, disagreeable side of life; the nervous system soon suffers and she becomes incapacitated for work.

So much has been said of the duties of nurses to physicians and the subject is so well understood, that little discussion of it is necessary; but perhaps there is no one point over which nurses are so much at variance, and sometimes bitterly so, as to how much ground is covered by duties to patients, many arguing that in the faithful carrying out of the doctor's orders, the nurse has fully discharged all obligations. The much discussed and oft-protested question of where a nurse's duty

<sup>1</sup> Read at a meeting of the Illinois State Association, Bloomington, November, 1915.

begins and where it ends will always remain an open one; but from the standpoint of a long and varied experience my honest conviction is that where necessity demands, a nurse's duty comprises anything which contributes to the comfort, either physical or mental, of the patient. Please do not misunderstand me. I am not an advocate of a nurse becoming a maid-of-all-work, far from it, but many times, a nurse's chief value is not in doing her technical work, but in being a balance wheel in a family disorganized by sickness; a mentor to settle all difficulties; the very fountain head of knowledge and wisdom in times of doubt and distress. Thrice blessed is the nurse, and there are many such, who can unconsciously or automatically, as it were, adjust herself successfully to the varied environments which fall to her lot, seeing with an eye made keen with interest the right thing to do. If the mother of a family is made calm by the knowledge that the weekly budget of stockings has been darned, rest assured that you have done a nobler thing than if you had given a hypodermic and it is an act much more appreciated.

Some time ago, in looking through a book on private nursing, I came across the following lines:

In looking up the records of nurses who have been very successful in private duty, I find that the majority of them were the ones who in their training never gave promise of anything unusual. They were the ones who were considered plodders, slow, never through with their work, etc.

I cannot vouch for the truth of this statement but if true it could have a satisfactory explanation. During the time I was in training there was a patient on general care for several weeks, who, just before leaving, sent for me to come to her room. In saying good-bye, she wished to thank me especially for my share of the care she had had, saying I had done for her something no other nurse had done. Immediately my bosom swelled with pride and I tried not to look too elated as I prepared myself to receive, as I thought, a glowing tribute to my skill along some particular line. Imagine, if you can, my chagrin, when I heard, "You are the only nurse who ever warmed the bed-pan." Although a sense of humor came to my rescue, it was with a crestfallen air that I left the room, not being sufficiently experienced to know that the commendation reflected more to my credit, perhaps, than praise for some technical skill. So perhaps the nurses who were "never through with their work" and afterwards proved to be an honor to the profession consumed the extra time in doing things not on the special standing orders but which added much to the comfort of the patient.

It is certainly flattering to the profession that so much versatility is expected of its members. I am sure we often feel like the man who was elected to a chair in a small college. One duty after another was forced upon him until he exclaimed, "Why, gentlemen, I thought this was to be a chair, not a settee." Perhaps when demands are excessive we ought to feel like the colored gentleman who was asked for a loan of twenty dollars. He replied, "I'm mighty sorry I can't accommodate you, suh, but I am obliged for the compliment, just the same." I think every private duty nurse of long experience will bear me out in saying that there is no grade of woman's work, and sometimes a man's, which has not fallen to her lot to do. When the good of the patient demanded it, I have washed, ironed, mopped floors, cooked, baked bread, sewed, darned stockings, made jelly, marketed, made and tended furnace fires, managed servants, cared for children and even hitched up a horse. Perhaps the greatest tax on my ability (for it has been some time since my school days) was when I was asked to figure up the amount of sawdust it would take to fill in a space around the outside of an ice-house. No one suspected the superhuman effort it required, but when my estimate proved correct, I was repaid by the cheering assurance that "Nurses know everything." Young nurses are apt to draw the lines a little too tightly around their own particular work, fearing that their professional dignity may suffer, but the quality to fit into vacant places is an admirable one and is often the means of nurses remaining indefinitely in families that expected to require their services but a short time. "You are my moral support," I once heard a patient say to a nurse, "and I cannot do without you."

A nurse should make an effort to fulfill her duty to herself by seeking to conserve her health, strength and energy. Sometimes it is almost impossible to have sufficient time for rest or recreation, but usually families and doctors are more than willing to provide time for rest. Some doctors inquire of the nurses, frequently, "How much rest are you getting?" Others are indifferent in that respect. If no one else is interested, then the nurse must take the initiative, for she cannot afford to jeopardize her own efficiency. On long cases and between cases she should seek recreation, read a good book, see a good play, hear a good lecture, meet congenial people and always keep in touch with her alumnae association. She should also strive to be familiar with current events so as to have other topics of conversation for the sick-room besides illness, this for her own benefit as well as the patient's.

The responsibilities of a nurse are so great that only those rare natures that are made up of pluck, endurance, devotion to duty and

invincible determination, combined with a love for their work, are willing to assume them. Too many nurses are looking for easy cases and when complicated situations arise, which call for dependable qualities, are suddenly called away and the responsibility is shifted to other shoulders than their own. A nurse should be keen in recognizing her responsibilities and, while not exactly courting them, should assume them cheerfully when they come. The responsibilities of a nurse begin as soon as she receives a call. By her promptness, personal appearance, conduct and language she is responsible for the impression which she gives to the physician and members of the family of herself, her training-school and the profession. First impressions are very lasting. A physician recently told me that upon going to the station to meet a nurse being sent from the city, he spoke to three modestly-dressed women, thinking each might be the person for whom he was looking. As he expressed it, "My knees almost sank under me as a young-looking woman in a flashy dress, which barely came to the tops of her shoes, minus two buttons, jacket and waist almost open to the waist line and a Tipperary hat on one side of her head, stepped up and asked if I was looking for a nurse." Knowing the sensibilities of the patient, upon arriving at the home the doctor had the nurse shown to her room, thinking a more favorable impression would be made in uniform. Imagine his consternation when she shortly appeared in a white dress, it could not be dignified by the name of uniform, open almost as low as the one she had discarded, supposed to be buttoned the full length (but two buttons were missing) and the belt gaping at least two inches. As there had never been a trained nurse in the family, this one was responsible for the prejudice formed then and there for the profession and especially for the training school which this nurse represented.

Tactfulness is always given a prominent place in the list of a nurse's qualifications but to me it has always been a rather vague, intangible term, not meriting the importance which is usually attached to it. I have often heard it defined as the knack of knowing when not to talk, of being so agreeable yourself that no one can be disagreeable to you, of making inferiority seem like equality, etc., but if a nurse goes into a family with a bearing which corresponds to the dignity and importance of her work and with a sense of her responsibilities, which imparts to the family the feeling that she is mistress of her work and is there for a definite purpose, she immediately has the respect of the entire household, including the servants, and there is little need of the shop-worn tact which somehow always savors of insincerity and for which common-sense is often a superior substitute. Genuineness is always recognized

and always wins out in the end, if a nurse is true to herself, her principles and her training. Besides the care of the patient and room and the carrying out of the doctor's orders, the nurse should try to be responsible for everything about the household which materially affects the welfare of the patient. Order, system, quiet, and an effort to avoid friction in any department of the household should be among the responsibilities which a nurse is willing to assume.

Imbued with the proper spirit, a nurse's limitations may be almost boundless; but if her ideals are low, her sphere will be small; if her ambitions are dwarfed, her field will be narrow; and if her motives are selfish, the possibilities of her work will diminish.

Besides the power to relieve suffering and create comfort, to teach right living and correct wrong habits, to bring order and system out of chaos and by her example to promote cheerfulness, patience, forbearance and selfcontrol, the personal influence of a nurse's life may be a far-reaching power for good.

I knew a woman who had strayed from the path of virtue who was permanently reclaimed by the gentle influence of a nurse with whom she was associated during four weeks of illness. She was so impressed with the nobility of the nurse's character and with her own weaknesses, shown to her so glaringly by contrast, that she resolved to pattern herself after that of her newly-found friend and was successful in doing so. I know a woman of education and means who, on account of sorrow and disappointment, had secluded herself for years from friends and all interests in life. Through the companionship of a nurse she came to see her mistake and was influenced to go back to her old-time habits and interests. Today she is getting more out of life, both socially and intellectually, than ever before and counts the nurse among her best friends.

I know a young girl, previously without aim or object in life, who was inspired with high ideals and ambitions during a long association with a nurse and who is at present living up to her new resolves. A patient said to me recently, "I shall hereafter do disagreeable things with a different spirit because you do them with such good grace." Sometimes a cheerful or philosophical remark made by a nurse remains indefinitely and is of lasting benefit. If nurses could only be made to realize how much more there is in nursing than dollars and cents, and if their highest thoughts were not how much they could get out of a case but how much they could put into it, their power to raise the standard of nursing would be much increased.

If I had my life to live over again, I would choose the same profession, and as I look back over fourteen years of active service, I can

truthfully say that although there have been briars, there have been more roses; while there have been clouds, there has been much sunshine; while many paths have been hard, others have been delightfully pleasant; and while there have been discouragements, there has been much appreciation.

Never has nursing covered so wide a field as at the present time and while each branch and new development have their power for good, the power of the quiet faithful nurse ministering to suffering and distress in homes yields first place to none.

## DISEASES OF THE EAR, NOSE AND THROAT

By CHARLES R. C. BORDEN, M.D.

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### SECOND PAPER

For the purpose of study, the middle ear may be likened to a toy drum. It has a round barrel-like body with a thin vibrating surface covering either end. In the case of the middle ear, the inner end of the drum will not be considered, as it plays a minor rôle in common diseases of the ear. Again, in the middle ear, the round barrel part of the organ has two openings entering into it which are of great importance. The eustachian tube opens into the anterior surface, and the passage from the mastoid process to the middle ear is situated in the upper posterior surface. Both openings are of great importance in middle ear diseases as they are the avenues through which infection finds its way into these important cavities.

Diseases of the middle ear are frequent and are important for several reasons. They are often painful, always dangerous and at times may become a menace to life itself. If allowed to persist for any length of time, they are apt to be followed by more or less impairment of function and resulting deafness.

The causes of middle ear disease are many. Generally speaking, any diseased, or inflamed condition of the nose or throat may give rise to a similar condition in the middle ear. Common colds, grippe, scarlet fever, measles and diphtheria are the most common causes. Constitutional diseases, such as pneumonia and typhoid fever are also causes of disease in this location. The severer types of the contagious diseases are particularly apt to cause aural complication. The percentage in diphtheria averages about 4 per cent; in scarlet fever about 11 per cent and in measles about 28 per cent. These statistics, of 952